

EXHIBIT I

FMCSA Motor Carrier

USDOT Number: **1106950**
 Docket Number: **MC689407**
 Legal Name: **PTS OF AMERICA LLC**
 DBA (Doing-Business-As) Name **PTS**

**Addresses**

Business Address: **517 HICKORY HILLS BLVD**
WHITES CREEK, TN 37189
 Business Phone: **(866) 388-8488** Business Fax:
 Mail Address: **PO BOX 121591**
NASHVILLE, TN 37212
 Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO	
Contract Authority:	NONE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	NO	Passenger:	YES	Household Goods: NO
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$5,000,000	BIPD on File:	\$5,000,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO
Blanket Company: SERVICE OF PROCESS AGENTS, INC.							

Comments:**Active/Pending Insurance:**

Form: 91X	Type: BIPD/Primary	Posted Date: 12/10/2015
Policy/Surety Number: CTN0007345908-5	Coverage From: \$0	To: \$5,000,000
Effective Date: 12/16/2015	Cancellation Date: 06/24/2016	

Insurance Carrier: **NATIONAL CONTINENTAL INSURANCE CO.**
 Attn: **CUSTOMER SERVICE**
 Address: **P.O. BOX 94739**
CLEVELAND, OH 44101 US
 Telephone: **(800) 444 - 4487** Fax: **(440) 603 - 4555**

Rejected Insurances:

Form:	Type:	
Policy/Surety Number:	Coverage From:	\$0 To: \$0
Received:	Rejected:	
Rejected Reason:		

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**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: RTN 075-92-309	Coverage From	\$0	To: \$1,500,000
Effective Date From: 08/26/2009	To: 01/07/2010	Disposition: Cancelled	

Insurance Carrier: NEW HAMPSHIRE INSURANCE CO.
 Attn: AIG GLOBAL CASUALTY-MILTON WEST
 Address: 503 CARR RD, 3RD FLOOR
 WILMINGTON, DE 19809 US
 Telephone: (888) 609 - 7046 Fax: (302) 830 - 4533

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: RTN 075-92309	Coverage From	\$0	To: \$1,500,000
Effective Date From: 01/07/2010	To: 03/22/2010	Disposition: Cancelled	

Insurance Carrier: NEW HAMPSHIRE INSURANCE CO.
 Attn: AIG GLOBAL CASUALTY-MILTON WEST
 Address: 503 CARR RD, 3RD FLOOR
 WILMINGTON, DE 19809 US
 Telephone: (888) 609 - 7046 Fax: (302) 830 - 4533

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7117086-0	Coverage From	\$0	To: \$1,500,000
Effective Date From: 03/22/2010	To: 08/26/2010	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7117086-0	Coverage From	\$0	To: \$1,500,000
Effective Date From: 08/26/2010	To: 11/10/2010	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

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USDOT Number: **1106950**
 Docket Number: **MC689407**
 Legal Name: **PTS OF AMERICA LLC**
 DBA (Doing-Business-As) Name **PTS**

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7117086-0	Coverage From	\$0	To: \$1,500,000
Effective Date From: 08/26/2010	To: 10/01/2010	Disposition: Replaced	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: BAP6692541	Coverage From	\$0	To: \$2,000,000
Effective Date From: 10/01/2010	To: 12/30/2011	Disposition: Replaced	

Insurance Carrier: ZURICH AMERICAN INSURANCE COMPANY
 Attn: MARIA ADAMSKI
 Address: 1400 AMERICAN LANE
 SCHAUMBURG, IL 60196-1056 US
 Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: BAP6692541	Coverage From	\$0	To: \$2,000,000
Effective Date From: 10/01/2010	To: 10/12/2010	Disposition: Replaced	

Insurance Carrier: AMERICAN ZURICH INSURANCE COMPANY
 Attn: MARIA ADAMSKI
 Address: 1400 AMERAN LANE TI-18
 SCHAUMBURG, IL 60196 US
 Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: BAP6692541	Coverage From	\$0	To: \$1,000,000
Effective Date From: 10/12/2010	To: 10/01/2010	Disposition: Replaced	

Insurance Carrier: AMERICAN ZURICH INSURANCE COMPANY
 Attn: MARIA ADAMSKI
 Address: 1400 AMERAN LANE TI-18
 SCHAUMBURG, IL 60196 US
 Telephone: (800) 821 - 4635 Fax: (410) 261 - 7955

FMCSA Motor Carrier

USDOT Number: **1106950**
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 Legal Name: **PTS OF AMERICA LLC**
 DBA (Doing-Business-As) Name **PTS**

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7184978-1	Coverage From	\$0	To: \$1,500,000
Effective Date From: 12/30/2011	To: 07/16/2012	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Excess		
Policy/Surety Number: EX000012684-01	Coverage From	\$1,500,000	To: \$5,000,000
Effective Date From: 03/27/2012	To: 11/14/2012	Disposition: Cancelled	

Insurance Carrier: ADMIRAL INSURANCE COMPANY
 Attn: RICHARD COLLINS
 Address: 1255 CALDWELL RD, P.O. BOX 5725
 CHERRY HILL, NJ 08034 US
 Telephone: (203) 323 - 8286 Fax: (203) 323 - 8287

Form: 91X	Type: BIPD/Excess		
Policy/Surety Number: EX000012684-01	Coverage From	\$1,000,000	To: \$4,500,000
Effective Date From: 03/27/2012	To: 08/30/2012	Disposition: Cancelled	

Insurance Carrier: ADMIRAL INSURANCE COMPANY
 Attn: RICHARD COLLINS
 Address: 1255 CALDWELL RD, P.O. BOX 5725
 CHERRY HILL, NJ 08034 US
 Telephone: (203) 323 - 8286 Fax: (203) 323 - 8287

Form: 91X	Type: BIPD/Excess		
Policy/Surety Number: EX000012684-01	Coverage From	\$1,500,000	To: \$5,000,000
Effective Date From: 03/27/2012	To: 08/30/2012	Disposition: Cancelled	

Insurance Carrier: ADMIRAL INSURANCE COMPANY
 Attn: RICHARD COLLINS
 Address: 1255 CALDWELL RD, P.O. BOX 5725
 CHERRY HILL, NJ 08034 US
 Telephone: (203) 323 - 8286 Fax: (203) 323 - 8287

FMCSA Motor Carrier

USDOT Number: **1106950**
 Docket Number: **MC689407**
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 DBA (Doing-Business-As) Name **PTS**

**Insurance History:**

Form: 91X	Type: BIPD/Excess		
Policy/Surety Number: EX000012684-01	Coverage From	\$4,000,000	To: \$5,500,000
Effective Date From: 03/27/2012	To: 08/30/2012	Disposition: Cancelled	

Insurance Carrier: ADMIRAL INSURANCE COMPANY
 Attn: RICHARD COLLINS
 Address: 1255 CALDWELL RD, P.O. BOX 5725
 CHERRY HILL, NJ 08034 US
 Telephone: (203) 323 - 8286 Fax: (203) 323 - 8287

Form: 91X	Type: BIPD/Excess		
Policy/Surety Number: EX000012684-01	Coverage From	\$1,500,000	To: \$5,000,000
Effective Date From: 03/27/2012	To: 03/27/2012	Disposition: Replaced	

Insurance Carrier: ADMIRAL INSURANCE COMPANY
 Attn: RICHARD COLLINS
 Address: 1255 CALDWELL RD, P.O. BOX 5725
 CHERRY HILL, NJ 08034 US
 Telephone: (203) 323 - 8286 Fax: (203) 323 - 8287

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7184978-1	Coverage From	\$0	To: \$1,500,000
Effective Date From: 07/16/2012	To: 10/16/2012	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74APS037866	Coverage From	\$0	To: \$1,500,000
Effective Date From: 10/16/2012	To: 11/21/2012	Disposition: Replaced	

Insurance Carrier: NATIONAL INDEMNITY COMPANY OF THE SOUTH
 Attn: FILING ADMINISTRATOR
 Address: 1314 DOUGLAS STREET, SUITE 1400
 OMAHA, NE 68102-1944 US
 Telephone: (866) 720 - 7861 Fax:

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**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74APS037866	Coverage From	\$0	To: \$5,000,000
Effective Date From: 11/21/2012	To: 10/16/2013	Disposition: Cancelled	

Insurance Carrier: NATIONAL INDEMNITY COMPANY OF THE SOUTH
 Attn: FILING ADMINISTRATOR
 Address: 1314 DOUGLAS STREET, SUITE 1400
 OMAHA, NE 68102-1944 US
 Telephone: (866) 720 - 7861 Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74APS044432	Coverage From	\$0	To: \$5,000,000
Effective Date From: 10/16/2013	To: 12/16/2013	Disposition: Cancelled	

Insurance Carrier: NATIONAL INDEMNITY COMPANY OF THE SOUTH
 Attn: FILING ADMINISTRATOR
 Address: 1314 DOUGLAS STREET, SUITE 1400
 OMAHA, NE 68102-1944 US
 Telephone: (866) 720 - 7861 Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-3	Coverage From	\$0	To: \$5,000,000
Effective Date From: 12/16/2013	To: 04/09/2014	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN0007345908-3	Coverage From	\$0	To: \$5,000,000
Effective Date From: 12/16/2013	To: 12/16/2013	Disposition: Replaced	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

FMCSA Motor CarrierUSDOT Number: **1106950**Docket Number: **MC689407**Legal Name: **PTS OF AMERICA LLC**DBA (Doing-Business-As) Name **PTS****Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-3	Coverage From	\$0	To: \$5,000,000
Effective Date From: 04/09/2014	To: 06/27/2014	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-3	Coverage From	\$0	To: \$5,000,000
Effective Date From: 06/27/2014	To: 09/05/2014	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-3	Coverage From	\$0	To: \$5,000,000
Effective Date From: 09/05/2014	To: 12/16/2014	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-4	Coverage From	\$0	To: \$5,000,000
Effective Date From: 12/16/2014	To: 02/13/2015	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

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**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-4	Coverage From	\$0	To: \$5,000,000
Effective Date From: 02/13/2015	To: 03/17/2015	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-4	Coverage From	\$0	To: \$5,000,000
Effective Date From: 03/17/2015	To: 09/02/2015	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTN 000 7345908-4	Coverage From	\$0	To: \$5,000,000
Effective Date From: 09/02/2015	To: 12/16/2015	Disposition: Cancelled	

Insurance Carrier: NATIONAL CONTINENTAL INSURANCE CO.
 Attn: CUSTOMER SERVICE
 Address: P.O. BOX 94739
 CLEVELAND, OH 44101 US
 Telephone: (800) 444 - 4487 Fax: (440) 603 - 4555

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PASSENGER COMMON CARRIER	REINSTATED	11/29/2012
	MOTOR PASSENGER COMMON CARRIER	REINSTATED	08/01/2012 REVOKED 11/20/2012
	MOTOR PASSENGER COMMON CARRIER	REINSTATED	11/24/2010 REVOKED 07/23/2012
	MOTOR PASSENGER COMMON CARRIER	GRANTED	04/23/2010 REVOKED 11/16/2010

FMCSA Motor CarrierUSDOT Number: **1106950**Docket Number: **MC689407**Legal Name: **PTS OF AMERICA LLC**DBA (Doing-Business-As) Name **PTS****Pending Application:**

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	10/18/2012	11/20/2012	INVOLUNTARY REVOCATION
COMMON	06/19/2012	07/23/2012	INVOLUNTARY REVOCATION
COMMON	10/14/2010	11/16/2010	INVOLUNTARY REVOCATION